REMARKS/ARGUMENTS

Reconsideration of this application and entry of the foregoing amendments are respectfully requested.

Claims 8-17 have been cancelled without prejudice. New independent claims 18-22 correspond to prior dependent claims 9 and 14-17, respectfully. The claims as presented are fully supported by an enabling disclosure. That the claims have been cancelled/revised should not be construed as an indication that Applicant agrees with any position taken by the Examiner. Rather, the cancellations/revisions are made merely to advance prosecution and Applicant reserves the right to pursue any deleted subject matter in a continuation application.

Claim 8 stands rejected under 35 USC 112, first paragraph, as allegedly being non-enabled. Withdrawal of the rejection is in order in view of the cancellation of claim 8.

Claims 8, 9 and 14-17 stand rejected under 35 USC 112, second paragraph, as allegedly being indefinite. Withdrawal of the rejection is in order in view of the above-noted claim cancellations/revisions. Reconsideration is requested.

Claims 10-13 stand rejected under 35 USC 103 as allegedly being obvious over Cincotta in view of de Gruijter et al. Cancellation of the claims renders the rejection moot.

Claims 8, 9, 15 and 17 stand rejected under 35 USC 103 as allegedly being obvious over Garfield. Withdrawal of the rejection is submitted to be in order for the reasons that follow.

The present invention relates to a method of reducing atherosclerotic plaque load in a patient in need of atherosclerotic plaque load reduction. In the claims as now presented, compounds used to effect the reduction are specified by name or structure.

In rejecting the claims as obvious, the Examiner states that the regimen of Garfield is known to reduce aortic atheromatous plaques through the reduction of platelet aggregation. On page 9 of the Action, the Examiner directs attention to page 4, lines 4 and 5, and to page 5, lines 8-23, in support of this statement. Respectfully, no such teaching is found. Reference is made to reduction of aortic atheromatous plaque formation at page 4, lines 4-7, of Garfield, however, that reference is in the context of oral treatment of rabbits with cicaprost,

a prostacyclin analog. Clarification of the basis for the Examiner's statement is, therefore, requested.

The regimen of Garfield involves the use of prostacyclin or analog thereof and one or both of a progestin and an estrogen. Garfield makes repeated reference to lowering blood pressure using this combination, however, the document is silent as regards atherosclerotic plaque load reduction. Indeed, Garfield teaches at pages 14 and 15 that, with the regimen described, progesterone controls prostacylin action by modulating blood pressure (that is, modulating vascular responsiveness). Further Garfield states on page 16, lines 3-5:

> It can be concluded from these studies that the effects of prostacyclin of reducing blood pressure and increasing fetal perfusion are progesterone dependent.

(Underlining added.)

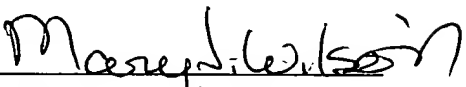
Nothing is seen in Garfield that teaches or would have suggested that the compounds of the present claims could be used to effect reduction of atherosclerotic plaque load in a patient in need of such reduction. Accordingly, the Examiner is urged the reconsider the rejection and withdraw same.

Claims 10-13 stand rejected under 35 USC 103 as allegedly being obvious over Coughlin. Cancellation of the claims renders the rejection moot.

This application is submitted to be in condition for allowance and a Notice to that effect is requested.

Respectfully submitted,

NIXON & VANDERHYE, P.C.

By 
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